Residential Application Form

(Including the reverse side)

For your application to be processed you must answer all questions **AGENT DETAILS** Your Sold Real Estate This is a FREE service that can connect you to the following utilities and services in your new home: Address: 187 Corio Street, Shepparton VIC 3630 Pav TV **Flectricity** (03) 5831 6633 Gas Cleaners Phone: Water Phone Email: rentals@yoursoldrealestate.com.au Removalist Truck and Van Hire Web: www.yoursoldrealestate.com.au Internet I consent to: **PROPERTY DETAILS** • Your Sold Real Estate providing my personal information to Direct Connect 1. What is the address of the property you would like to rent? including name, address, email and phone number. • Direct Connect contacting me by any means during my move in relation to electricity, gas and the other services set out above. • Direct Connect obtaining metering information for the premises I am Postcode moving to. 2. Lease commencement date? YES Month Day Year Applicant 1: **Property Rental** Signature \$ per week per month 3. Lease term? Applicant 2 (if applicable): Years Months Signature Date 4. How many renters will occupy the property? X Ages of Children Adults Children Name Phone PERSONAL DETAILS 5. Please give us your details Privacy Collection Statement: Direct Connect Australia Pty Limited (DCA) is collecting Mrs Other Miss your personal information for the purposes of contacting you in relation to your utilities and services connections. DCA will otherwise collect, use and disclose your personal Surname Given Name/s information for purposes set out in its Privacy Policy at www.directconnect.com.au/ privacypolicy/. This information may be disclosed to third parties that help DCA deliver its services. The Privacy Policy explains how DCA will collect, use, store and disclose your personal information, the consequences for you if DCA does not collect this information, and the way in which you can access and seek correction of your personal information or Driver's licence state Driver's licence number DCA on 1300 664 715. Driver's licence expiry date I hereby offer to rent the property from the Residential Rental Provider under a lease to be Passport no. Passport country I agree to enter into a Residential Rental Agreement. I acknowledge that this application is subject to the approval of the Residential Rental Pension no. (if applicable) Pension type (if applicable) premises and am not bankrupt. I authorise the Agent to obtain personal Information from: 6. Please provide your contact details (a) The Residential Rental Provider or the Agent of my current or previous residence; (b) My personal referees and employer/s; Home phone no. Mobile phone no. (c) Any record listing or database of defaults by Renters such as NTD, TICA or TRA for the purpose of checking your tenancy history; I am aware that I may access my personal information by contacting -NTD: 1300 563 826 Work phone no. Fax no. TICA: 1902 220 346 TRA: (02) 9363 9244 If I default under a Residential Rental Agreement, I agree that the Agent may disclose Email address Providers of properties I may apply for in the future. I am aware that the Agent will use and disclose my personal information in order to: (a) communicate with the Residential Rental Provider and select a renter (b) prepare lease/rental documents 7. What is your current address?

Postcode





complain about a breach of the Privacy Act. To obtain further information, you can contact

570 Church Street Cremorne 3121 Victoria P: 1300 664 715 F:1300 664 185. www.directconnect.com.au

prepared by the Agent. Should this application be accepted by the Residential Rental Provider

Provider. I declare that all information contained in this application (including the reverse side) is true and correct and given of my own free will. I declare that I have Inspected the

details of any such default to a tenancy default database, and to Agents/Residential Rental

- (c) allow tradespeople or equivalent organisations to contact me
- (d) lodge/claim/transfer to/from a Bond Authority
- (e) refer to Tribunals/Courts & Statutory Authorities (where applicable)
- (f) refer to collection agents/lawyers (where applicable)
- (g) complete a tenancy check with NTD (National Tenancy Database)
- (h) transfer water account details into my name

I am aware that if information is not provided or I do not consent to the uses to which personal information is put, the Agent cannot provide me with the residential rental agreement/

rental of the premises.		
Signature	Date	

F. APPLICANT HISTORY	H. CONTACTS / REFERE	NCES	
9. How long have you lived at your current address?	17. Please provide a contact in case of emergency		
Years Months	Surname	Given name/s	
40 Why are you less this address?			
10. Why are you leaving this address?	Relationship to you	Phone no.	
11. Residential Rental Provider/Agent details of this property (if applicable) Name of Residential Rental Provider or Agent	18. Please provide 2 personal re	eferences (not related to you) Given name/s	
	1. Guillaine		
Residential Rental Provider/Agent's phone no. Weekly Rent	Relationship to you	Phone no.	
\$	Relationship to you	Filotie IIo.	
12. What was your previous residential address?	2. Surname	Given name/s	
Postcode	Relationship to you	Phone no.	
13. How long did you live at this address?			
Years Months	I. OTHER INFORMATION		
	19. Car Registration		
14. Residential Rental Provider/Agent details of this property (if applicable) Name of Residential Rental Provider or Agent			
Trains of residential residence of rigenic	20. Please provide details of any	y pets	
Residential Rental Provider/Agent's phone no. Weekly Rent	Breed/type	Council registration / number	
	1.		
\$	2.		
	PLEASE NOTE		
G. EMPLOYMENT HISTORY		by cash, bank cheque or money order	
15. Please provide your employment details What is your occupation?		f application. No Personal Cheques ed over until the lease agreement has	
	This application is accepted sub	ject to the availability of the property on	
What is the nature of your employment?	the due date and no action shall be taken by the applicant against the		
(FULL TIME/PART TIME/CASUAL)		ne agent should any circumstances arise ilable for occupation on the due date.	
Employer's name (inc. accountant if self employed or institution if student)		•	
	HOW DID YOU FIND OUT A		
	○ The Age ○ The Inter		
Employer's address	○ Board ○ Counter	. ,	
	Referral Other (s	pecify)	
Postcode	PLEASE PROVIDE US WITH	1 100 POINTS OF IDENTIFICATION	
Contact name Phone no.			
	Drivers Licence/Photo ID	30	
Length of employment Net Income	Current Council Rates Notice	20	
Years Months \$	Last 4 payslips/Centrelink Inco	me statements 30	
16. Please provide your previous employment details	Last 4 Rent Receipts or Ledge	r 30	
Occupation?	Utility Account/Bill	10	
	Medicare/Concession/Pension Card 10		
Employer's name			
Length of employment Net Income	Office Use Only		
Years Months \$			